



LIVESTOCK PRODUCTION MANAGEMENT PLAN

APPLICANT NAME: _____ CERTIFICATION NUMBER: _____

FARM NAME: _____ COUNTY _____ DATE: _____

LIVESTOCK DESCRIPTION

Provide the following information for the types of animals being raised for organic meat, dairy, and/or poultry production for this year. Quantity refers to the number of animals or birds currently raised. (If necessary, use additional sheets.)

Meat Production (Beef, Pork, Lamb, Goat)

Meat Production Species	Breed	Quantity	Are you also raising non-organic? (X)	Source of Stock	Slaughter facility (name and location)

Dairy Production

Dairy Production Species	Breed	Quantity	Are you also raising non-organic? (X)	Source of Stock

Poultry Production (Meat and Egg)

Poultry Production Species	Breed	Quantity	Are you also raising non-organic? (X)	Source of Birds	Slaughter facility (name and location)



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2. DISEASE AND PEST CONTROL PROGRAM

Check the diseases and/or pests that have afflicted your animals, list the specific ailments, describe methods used to treat the conditions and the planned treatment strategy while in the organic program.

Bovine, swine, lamb, sheep and goat

Disease / Pest	X	Specific Ailment	Past / Present Treatment Method	Planned Treatment Strategy for Organic Production
Diarrhea (<i>Coccidiosis</i>)				
External parasites				
Eye problems (<i>pink eye, cancer eye</i>)				
Foot or hoof problems				
Internal parasites				
Mastitis				
Mouth or tooth problems (<i>sore mouth, broken teeth</i>)				
Poisoning or toxins (<i>Botulism, plant toxicity</i>)				
Reproductive disorders (<i>abortion, infertility</i>)				
Respiratory diseases (<i>pneumonia</i>)				
Skin problems (<i>parasites, ringworm</i>)				
Trauma (<i>cuts, puncture wounds</i>)				

Other--Specify



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Poultry and Ratite

Disease / Pest	X	Specific Ailment	Past / Present Treatment Method	Planned Treatment Strategy for Organic Production
Diarrhea diseases (<i>Coccidiosis, Salmonellosis</i>)				
External parasites (<i>Northern Fowl Mite, Darklin Beetle</i>)				
Foot problems (<i>Marek</i>)				
Internal parasites (<i>round worms</i>)				
Poisoning or toxins (<i>noxious weeds, moldy feed</i>)				
Reproductive disorders (<i>infertility</i>)				
Respiratory diseases (<i>pneumonia</i>)				
Skin or feather problems (<i>parasites</i>)				
Trauma (<i>cuts, puncture wounds</i>)				

Other--Specify



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3. FEED

List the quantity of each feed type (concentrates and forage including silage, pasture and green chop) used during the last 12 month period and note whether feed was home grown or purchased. (Use additional sheets if necessary)

Feed Type	Organic ✓	Conventional ✓	Annual Quantity (Tons)	Source Purchased From	Home Grown

List the sources from which you plan to purchase organic feed? _____

4. SUPPLEMENTATION

List all vitamin supplements used: _____

List all mineral supplements used: _____

List all other feed additives used: _____

5. RECORDKEEPING

How do you identify the organic stock? ear tag ☐ branded ☐ other ☐ please describe _____

Do you retain purchase receipts for all stock? Yes ☐ No ☐

Do you retain purchase receipts for all materials used in onsite forage production? Yes ☐ No ☐

Do you retain sales records for all products sold? Yes ☐ No ☐

Do you maintain the following records: Yes ☐ No ☐

- weight records of slaughter animals at slaughter? Yes ☐ No ☐
- medications administered (date, dosage, source) ? Yes ☐ No ☐
- feed products bought and fed (date, quantity, source)? Yes ☐ No ☐
- vitamin, mineral and other feed supplements administered (dates, quantity, source)? Yes ☐ No ☐

If you also raise stock which are not organic and which are sold on the conventional market, do you separate the non-organic production records from the organic production records? Yes ☐ No ☐



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SECTION 6: Housing

Organic standards require that livestock living conditions provide reasonable freedom of movement, lack of crowding, proper sanitation, fresh air, sunshine, appropriate shelter and adequate bedding.

What type of housing do you use? _____

Describe sizes (length x width) and number of animals per housing unit: _____

Describe type(s) of bedding: _____

How often is housing cleaned out? _____

How is housing
cleaned? _____

Describe sanitation or cleaning products used: _____

What source(s) of light is used in animal housing? _____

Is day length regulated using artificial light? ☐ yes ☐ no

What outdoor areas other than pasture do animals use? _____

How long are animals indoors (hours per day)? _____ spring _____ summer _____ fall _____ winter